

_____**Court of Washington**
For

Petitioner (Protected Person) Date of Birth _____

vs.

Respondent (Restrained Person) Date of Birth _____

No.

**Proof of Service
(RTS)**

Proof of Service

Server declares:

1. My name is _____. I am 18 or older.
I am ☐ a peace officer ☐ **not** a party to this case.

2. **Able to Serve:**

☐ **Personal Service:** I served the court documents checked in section 4 for this case
to *(name of party)* _____
on *(date)* _____ at *(time)* _____
by giving the documents directly to them at this address:
_____.

☐ **Electronic Service:**

Important! Do not use electronic service if your case involves the surrender of firearms, transfer of child custody, removing respondent from the parties' shared residence, or an incarcerated respondent.

I served the court documents checked in section 4 for this case to
(name of party) _____
on *(date)* _____ at *(time)* _____ via

☐ email ☐ text ☐ social media applications ☐ other technology

At the following email address/s, phone number/s, social media application and user
name, or other address: _____.

☐ I received a read receipt or other reply from the receiving party (*describe or
attach*): _____.

☐ **Service by Mail:** I served the court documents checked in section 4 for this case to (name of party) _____ on (date) _____ at (time) _____. I sent **2** copies of the documents, postage prepaid: one by ordinary, first-class mail and one by other mail with certified or tracking information (*attach receipts*). I sent the mail to this/these address/es: _____.

3. Not Able to Serve:

☐ I was unable to make personal service on (name of party) _____. I notified the serving party that service was not successful. Personal service was attempted on the following date/s: _____.

☐ Electronic service was attempted at the following address/es but it bounced back or was undeliverable: _____.

☐ I did not mail court documents to (name of party) _____ because I do not know the party's last known address.

4. List of Documents:

Important! You must check or write in the title of **every** document that you served. Use the "Other Documents" box to write in the title of any document not already listed.

I served the following documents (*check all that apply*):

<p>New Domestic Violence Petition:</p> <p><input type="checkbox"/> Petition for Order for Protection</p> <p><input type="checkbox"/> Temporary Order for Protection and Notice of Hearing</p> <p><input type="checkbox"/> Reissuance of Temporary Order for Protection and Notice of Hearing</p> <p><input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing</p> <p><input type="checkbox"/> Order Transferring Domestic Violence Case and Setting Hearing</p> <p><input type="checkbox"/> Declaration/s of: _____</p> <p><input type="checkbox"/> Denial Order</p>	<p>New Vulnerable Adult Petition:</p> <p><input type="checkbox"/> Petition for a Vulnerable Adult Order for Protection</p> <p><input type="checkbox"/> Temporary Order for Protection and Notice of Hearing</p> <p><input type="checkbox"/> Reissuance of Temporary Order for Protection and Notice of Hearing</p> <p><input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing</p> <p><input type="checkbox"/> Notice to Vulnerable Adult</p> <p><input type="checkbox"/> Declaration/s of: _____</p> <p><input type="checkbox"/> Denial Order</p>
<p>New Sexual Assault Petition:</p> <p><input type="checkbox"/> Petition for a Sexual Assault Protection Order</p> <p><input type="checkbox"/> Temporary Sexual Assault Protection Order and Notice of Hearing</p> <p><input type="checkbox"/> Reissuance of Temporary Sexual Assault Protection Order and Notice of Hearing</p> <p><input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing</p> <p><input type="checkbox"/> Declaration/s of: _____</p> <p><input type="checkbox"/> Denial Order</p>	<p>New Harassment and/or Stalking Petition:</p> <p><input type="checkbox"/> Petition for Order for Protection – Harassment and/or Stalking <input type="checkbox"/> Respondent Under Age 18</p> <p><input type="checkbox"/> Temporary Order for Protection and Notice of Hearing <input type="checkbox"/> Respondent Under Age 18</p> <p><input type="checkbox"/> Order to Surrender Weapons (issued without notice) and Notice of Hearing</p> <p><input type="checkbox"/> Declaration/s of: _____</p> <p><input type="checkbox"/> Denial Order</p>

After a Full Hearing: <input type="checkbox"/> Order for Protection <input type="checkbox"/> Sexual Assault Protection Order <input type="checkbox"/> Order for Protection – Vulnerable Adult <input type="checkbox"/> Order for Protection – Harassment <input type="checkbox"/> Respondent Under Age 18 <input type="checkbox"/> Order for Protection – Stalking <input type="checkbox"/> Respondent Under Age 18 <input type="checkbox"/> Order to Surrender Weapons <input type="checkbox"/> Order Realigning Parties and Notice of Hearing	Renewals: <input type="checkbox"/> Petition for Renewal of Order for Protection and Notice of Hearing <input type="checkbox"/> Order Setting Hearing on Renewal <input type="checkbox"/> and Extending Order until Hearing <input type="checkbox"/> Ex Parte Temporary Order for Renewal of Order for Protection and Notice of Hearing <input type="checkbox"/> Order for Renewal of Order for Protection <input type="checkbox"/> Motion and Declaration for Renewal of Sexual Assault Protection Order <input type="checkbox"/> Order Setting Hearing – Sexual Assault <input type="checkbox"/> Order on Motion for Renewal of Sexual Assault Protection Order
Motions: <input type="checkbox"/> Motion to Modify/Terminate Order for Protection <input type="checkbox"/> Motion for Surrender of Weapons <input type="checkbox"/> Notice of Hearing <input type="checkbox"/> Motion to Realign Parties	After a Motion Hearing: <input type="checkbox"/> Order Modifying/Terminating Order for Protection <input type="checkbox"/> Order to Surrender Weapons
Other Documents: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

5. Fees Charged for Service:

☐ Does not apply.
☐ Fees: \$_____ + Mileage \$_____ = Total: \$_____

6. Other: _____

I declare under penalty of perjury under the laws of the state of Washington that the statements on this form are true.

Signed at (city and state): _____ Date: _____

► _____
Signature of server

Print or type name of server

Law Enforcement Agency (if any)